

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| <b>Title of<br/>Invention</b>                                                                                                                                                                                                                                                                                                                                                                                                    | [METHODS AND SYSTEMS FOR RESISTIVITY ANISOTROPY FORMATION ANALYSIS] |                                |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------|----------------------------------------|-----------------|-------------|-----------|-------------|--------------------|-------------------|-----|------|----|----|------------------------|----------------------------------------|------|----|---|--|--|--|---------------------------------------|--|
| Application Number :                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| First Named Applicant:                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | Cheng Bing Liu                 |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| Attorney Docket Number:                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     | 20.2807                        |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| <b>TOTAL FEE AUTHORIZED \$ 822</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| Patent fees are subject to annual revisions on or about October 1st of each year.                                                                                                                                                                                                                                                                                                                                                |                                                                     |                                |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| Filing as large entity                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| BASIC FILING FEE                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>750</td><td>750</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 750</td></tr></tbody></table>                                                                                                                           |                                                                     |                                |                                        | Fee Description | Fee Code    | Amount \$ | Fee Paid \$ | Utility Filing Fee | 1001              | 750 | 750  |    |    |                        | Subtotal For Basic Filing Fees: \$ 750 |      |    |   |  |  |  |                                       |  |
| Fee Description                                                                                                                                                                                                                                                                                                                                                                                                                  | Fee Code                                                            | Amount \$                      | Fee Paid \$                            |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| Utility Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                               | 1001                                                                | 750                            | 750                                    |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                | Subtotal For Basic Filing Fees: \$ 750 |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| EXTRA CLAIM FEES                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 24</td><td>4</td><td>1202</td><td>18</td><td>72</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>1201</td><td>84</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 72</td></tr></tbody></table> |                                                                     |                                |                                        | Fee Description | Extra Claim | Fee Code  | Amount \$   | Fee Paid \$        | Total Claims : 24 | 4   | 1202 | 18 | 72 | Independent Claims : 2 | 0                                      | 1201 | 84 | 0 |  |  |  | Subtotal For Extra Claims Fees: \$ 72 |  |
| Fee Description                                                                                                                                                                                                                                                                                                                                                                                                                  | Extra Claim                                                         | Fee Code                       | Amount \$                              | Fee Paid \$     |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| Total Claims : 24                                                                                                                                                                                                                                                                                                                                                                                                                | 4                                                                   | 1202                           | 18                                     | 72              |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| Independent Claims : 2                                                                                                                                                                                                                                                                                                                                                                                                           | 0                                                                   | 1201                           | 84                                     | 0               |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                | Subtotal For Extra Claims Fees: \$ 72  |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| <b>AUTHORIZED BILLING INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>                                                                                                                                                                                                                                                                                                                            |                                                                     |                                |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| Deposit account number:                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     | 190610                         |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| Deposit name:                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     | Schlumberger Oilfield Services |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| Deposit authorized name:                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | Brigitte L. Jeffery            |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     | Brigitte L. Jeffery            |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| Date (YYYYMMDD):                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     | 2003-07-25                     |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |
| Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                |                                        |                 |             |           |             |                    |                   |     |      |    |    |                        |                                        |      |    |   |  |  |  |                                       |  |